

ORAL HEALTH DATA WORKSHEET

2019-2020 Reporting School Year

SCHOOL: _____

CDS CODE	SCHOOL DISTRICT				SUPERINTENDENT			
ADDRESS					ZIP CODE	COUNTY		
PERIOD COVERED		SUPERVISOR OF HEALTH			OFFICE PHONE	EMAIL		
	A	B	C	D	E	F	G	H
GRADES	Number of Pupils First Year Attending Public School	Number of Pupils Proof of Assess- ment	Number of Pupils COULD NOT COMPLETE DUE TO FINANCIAL BURDEN	Number of Pupils COULD NOT COMPLETE DUE TO LACK OF ACCESS TO DENTAL HEALTH PROFESSIONAL	Number of Pupils COULD NOT COMPLETE DUE TO LACK OF PARENTAL CONSENT	Number of Pupils ASSESSED WITH UNTREATED DECAY	Number of Pupils WHO DID NOT RETURN ASSESSMENT FORM OR WAIVER	Number of Pupils ASSESSED WITH CARIES EXPERIENCE
Kindergarten								
1st Grade (Did not attend public school kindergarten)								
TOTALS								

Signature of Individual Completing Report

Print Name: _____

Title: _____

Education Code Section 49452.8 states that all school districts shall, by **May 31st** of each year, submit a report to the County Office of Education of the county in which the school district is located.